

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration
Submitted with
Initial Filing ☒ Declaration
Submitted after
Initial Filing

Attorney Docket	6627-PA9013
First Named Inventor	Eliezer MASLIAH
COMPLETE IF KNOWN	
Application Number	09/806,842
Filing Date	October 6, 1999
Group Art Unit	Unknown
Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR SCREENING FOR ANTI-AMYLOIDOGENIC PROPERTIES AND METHOD FOR TREATMENT OF
NEURODEGENERATIVE DISEASE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/06/1999 as United States Application Number or PCT International

Application Number PCT/US99/23134 and was amended on (MM/DD/YYYY) (if applicable.)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/103,310	10/06/1999	

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Patent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Registered practitioner(s) name/registration number listed below:

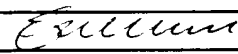
Name	Registration Number	Name	Registration Number
NEIL F. MARTIN JOHN L. HALLER JAMES W. MCCLAIN	23,088 27,795 24,536		

Direct all correspondence to:

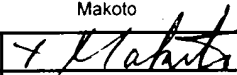
Attorney Name	Colleen J. McKiernan				
Address	BROWN MARTIN HALLER & MCCLAIN LLP				
Address	1660 UNION STREET				
City	SAN DIEGO	State	CALIFORNIA	ZIP	92101
Country	USA	Telephone	(619) 238-0999	Fax	(619) 238-0062

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Last Name			
Eliezer				MASLIAH			
Inventor's Signature				Date			
Residence: City		Chula Vista	San Diego	State	CA	Country	USA
Post Office Address		570 Vista Miranda 4661 Corte Mar Del Corazon					
Post Office Address							
City		Chula Vista	San Diego	State	CA	Zip	92130
						Country	USA

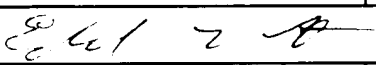
NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Last Name			
Makoto				HASHIMOTO			
Inventor's Signature				Date			
Residence: City		La Jolla		State	CA	Country	USA
Post Office Address		8655 Villa Mallorca #96					
Post Office Address							
City		La Jolla		State	CA	Zip	92037
						Country	USA

☒ Additional Inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
Edward				ROCKENSTEIN											
Inventor's Signature					Date		11/6/01								
Residence: City		Chula Vista		State		CA		Country		USA		Citizenship		USA	
Post Office Address		851 Fordham Avenue													
Post Office Address															
City		Chula Vista		State		CA		Zip		91913		Country		USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature								Date							
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				Zip				Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature								Date							
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				Zip				Country			